

**CLARK COUNTY HEALTH DEPARTMENT
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION**

PERMIT NUMBER _____
(Office Use Only)

COUNTY _____
(Office Use Only)

Owner: _____
Current Street Address: _____

Telephone No.: _____
City, State, Zip: _____

Contractor: _____ License No.: _____ Telephone No.: _____

NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor

Location-Street: _____ City: _____ State: _____ Zip Code: _____
Subdivision Name: _____ Lot No.: _____ Township Name: _____
Township #: _____ Range #: _____ Section #: _____ ¼ Section: _____

Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, Etc.; _____

Site Information: Renovation: _____ New System: _____
Residential Dwelling: _____ Seasonal: _____ Number of Residents: _____ Number of Bedrooms: _____
Garbage Grinder: _____ Basement: _____ Water Softener: _____ Hot Tub: # of Gallons: _____
Non-Residential: _____ Number of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well: _____ Semi-Private Well: _____ Non-Community: _____ Municipal: _____

Soils: Soil Scientist Data: Name of Soil Investigator: _____
(Attach copy of Soil Data Report to Application)

Percolation Tests: Date(s): _____ Conducted By: _____
Hole No. 1: Depth: _____, Min./6" _____ Hole No. 2: Depth: _____, Min./6" _____ Hole No. 3: Depth: _____, Min./6" _____
Average Min./6" Fall: _____ (Rerun or use highest value if difference is greater than 30 minutes)

Proposed Private Sewage Disposal System: Gallons to be treated per day: _____

A. Septic Tank Size _____ Gallons, Illinois #: _____	H. Wisconsin Mound Basal Area _____ Sq. Ft.
B. Subsurface Seepage Field/Bedroom _____ Sq.Ft.	I. Chlorination Tank _____ Gallons
Total Sub. Seepage Field _____ Sq. Ft., Lin.Ft. _____, Width _____	J. Aerobic Treatment Plant: _____
C. Gravel-less Seepage Field: 8" _____ Lin. Ft. 10" _____ Lin. Ft.	Manufacturer & Model #: _____
D. Chamber System: Manufacturer _____	Treatment Capacity: _____ Gallons per day
Sq. Ft. per Lin. Ft. _____ Total Lin. Ft. _____	K. Location of Audio & Visual Alarms _____
E. Seepage Bed _____ Sq. Ft.	
F. Waste Stabilization Pond _____ Length, _____ Width, _____ Depth	(Attached Garage, Basement, Utility Room, Etc.)
G. Buried Sand Filter/Recirculating Sand Filter:	L. Effluent Discharge to: _____
Width: _____, Length _____, Total Sq. Ft. _____	M. Pump Chamber Size: _____

Other: _____

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Lot diagram and sewage system plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed to the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells (including wells on neighboring property if they are near the property line), portable water storage tanks, buildings, lot-lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine this elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist:

- Lot Size: _____
- System Dimensions
- Materials Labeled
- Utilities Shown
- Location of Perc. Tests
- Water Supply Shown
- Required Distances Labeled
- Depth of Limiting Layer

Elevations of the System Components:

- Benchmark & Elevation: _____
- Elevation to Invert of Building Drain: _____
- Elevation to Invert of Tank Inlet: _____
- Elevation of Ground Surface over Tank: _____
- Lowest Elevation of Ground Surface over Field: _____
- Highest Elevation of Ground Surface over Tank: _____
- Length of Building Sewer (House to Tank): _____

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code. Please give a 48 hour notice to the Clark County Health Department before beginning any construction.

Signature of Applicant (Owner or Contractor)

Date